



Phone/Message# _____
Community: _____

CHEYENNE RIVER SIOUX TRIBE

FOOD ASSISTANCE APPLICATION

Name: _____ DOB: _____ Age: _____

Address: _____ CRU#: _____

Source of Income of Applicant: _____ Amount: _____

Residence Location: _____

Housing: _____ Rental: _____ Mutual Help: _____ Private: _____ Own: _____

Marital Status: _____ No. of Dependents: _____ Ages: _____

Spouse: _____ Age: _____ Income: _____

Have you received assistance within 30 days? YES NO

I, hereby authorize the Cheyenne River Sioux Tribe to obtain any necessary information to assist my eligibility for assistance.

Applicant Signature

Date

Denial/Reason: _____

Approval: _____

Corey Eagle Staff, Support Services Director

Amount